PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  Application of Bocket Number  10/721 580  BOET -1-1221														
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY													THAN	1
TO	OTAL CLAIMS		28		-			RAT	Ē	FEE	1	RATE	FEE	1
FC	)R		NUMBER FILED .		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	28 -minus 20=		·8			X\$ 9	=		OR	X\$18=	144,	27
INC	EPENDENT C	LAIMS	イ _ minus 3 =		· /			X43:			OR	X86=		1
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145			1	+290=	<i>E6 .</i>	טנא
• If	* If the difference in column 1 is less than zero, enter "0" in column 2										OR OR		1000	٫ ا
IOIA											UH	OTHER	/000	S
OK 13010-1 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L E	NTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGH NUMI PREVIO PAID		BER	PRESENT EXTRA	RA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	·
	Total	. 28	Minus	** 2	8	=		X\$ 9:			OR	X\$18=	1	<b>l</b> .
	Independent	. 4	Minus	***	4	=		X43=	1	. <del>.</del>	OR	X86=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	. 1		OR	+290=	1	
TOTAL											OB	TOTAL	_	
		,	ADDIT. FI	EE L		10.1	ADDIT. FEE							
AMENDMENT'B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGH NUME PREVIO PAID I	EST BER PUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=			OR	X\$18=		
	Independent	•	Minus	***	1	-		X43=	7		OR	X86=		İ
٢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.445	+			- 200		
+145= TOTAL											OR	+290= TOTAL		
ADDIT. FEE											OR	ADDIT. FEE		
	<del></del>	(Column 1) CLAIMS		(Colun		(Column 3)	_			1001	1			ĺ
AMENDMENT C	·	REMAINING AFTER AMENDMENT	·.	PREVIO PAID F	USLY	PRESENT EXTRA		RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		<b>=</b> .		X\$ 9=	1		OR	X\$18=		
	ind pendent	*	Minus	***		=		X43=			OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	†			1200-		
* If the intry in column 1 is less than the intry in column 2, write "0" in column 3.										OR OR	+290= TOTAL	•		
***	***If the "Highest Number Previously Paid F of IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE											ADDIT. FEE		
1	The "Highest Nurr	ber Previously Pai	d For" (Total or	Independe	nt) is the	highest number	r tour	nd in the	ebbi	opriat box	in cot	umn 1.		ŀ

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